Docket No.: 109444



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2 3

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below partied inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor

if plural inventor	s are named below) of the METHODS FOR DYNAM	subject matter which	th is claimed and for which a patent is sough NGUAGE SERVICE	th on the invention entitled:
	and in the supplifications			
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_	attached hereto.			•
ъ. [cation No and	d amended on (if applicable).	
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			e contents of the above-identified specificat	tion, including the claims, as
amended by any a	mendment referred to above	<i>r</i> e.		. 1 77
		to the Office all info	ormation known to me to be material to paten	tability as defined in Title 37,
	Regulations, §1.56.			U II-ia-d Caster municipus!
Under ' application(s) file	Title 35, U.S. Code §119, d by me or my legal repres	the priority benefits sentatives or assigns	of the following foreign application(s) and within one year prior to this application are	hereby claimed:
States of USA ei	llowing application(s) for pither (a) more than one yeal/or United States provision	ar prior to this appli	certificate on this invention were filed in α ication, or (b) before the filing date of the	ountries foreign to the United above-named foreign priority
	o transact all business in the James A. C Kirk M. Hu Edward P. Mario A. C	e Patent Office: Diff, Reg. No. 27,075 idson, Reg. No. 27,5 Walker, Reg. No. 31 ostantino, Reg. No. ig, Reg. No. 36,430;	record with full power of substitution and 5; William P. Berridge, Reg. No. 30,024; 662; Thomas J. Pardini, Reg. No. 30,411; 1,450; Robert A. Miller, Reg. No. 32,771; 33,565; Stephen J. Roe, Reg. No. 34,463; Christopher W. Brown, Reg. No. 38,025; Rice, Reg. No. 31,560.	
ALL CORRES	PONDENCE IN CONNE 19928, ALEXANDRIA,	CTION WITH TH VIRGINIA 22320, T	IIS APPLICATION SHOULD BE SENT FELEPHONE (703) 836-6400.	TO OLIFF & BERRIDGE,
own knowledge were made with	are true and that all statem the knowledge that willful Title 18 of the United Stat	nents made on inform false statements and	the contents of this Declaration, and that all nation and belief are believed to be true; and the like so made are punishable by fine or the willful false statements may jeopardize the	d further that these statements imprisonment, or both, under
Typewritten	Full Name			
.	ole Inventor	Chi-Thanh		DANG
		Given Name	Middle Initial	Family Name
**Inventor's		m Drawl	() () () () () () () () () ()	
**Date of Si	gnature:	505/24/0		
		Month	Day	Year
Residence:	Tu	cson	Arizona	USA
	(City	State or Province	Country
Citizenship:	USA			
	Post Office Address:			
	(Insert complete	7901 East Hardy	Street	
	mailing address,			
	including country)	Tucson, Arizona	85750, USA	

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

^{*}If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

AGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

Typewritten Full Name of Second Joint Inventor (if any)		Dambahu		ACHANTA
		Rambabu Given Name	Middle Initial	Family Name
**Inventor's S	ignature:			
**Date of Sig				
		Month	Day	Year
Residence:	•	Torrance	California	USA
		City	State or Province	Country
Citizenship:	India			
•	Post Office Addres (Insert complete mailing address,	3725 Garnet Street, A	pt. 207	
	including country	Torrance, California	00503, USA	
Typewritten l			•	HATTON
f Third Joint Inven	tor (if any)	Robert	J. Middle Initial	Family Name
		Given Name	Middle illida	I miniy I turio
**Inventor's				
**Date of Sig	gnature:	Month	Day	Year
Residence:				
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of Fourth Joint Inv	entor (if any)	Kiranmayee Given Name	Middle Initial	Family Name
> ***T	Ciamatumu	Given Name	Middle India	
2 **Inventor's 3 **Date of S				
) Date of S		Month	Day	Year
		-	California	USA
Residence:		Torrance	State or Province	Country
		City	Sun of Hormoo	
Citizenship:_	India			
	Post Office Addr (Insert complete	20617 Amie Avenue	e, Apt. #1	
	mailing address, including count		90503, USA	
1 Typewritten Full Name				AGBULOS
of Fifth Joint Inventor (if any)		Patricia	Middle Initial	Family Name
	- C:atuma:	Given Name	Middle imaar	
2 **Inventor'3 **Date of S	s Signature:		·	
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		City	State or Province	Country
Citizenship:_	USA			
	Post Office Add (Insert complete mailing address			<u> </u>
Note to Inven	including count	ry)	sert the actual date of signing.	

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.

Docket No.: 109444



As a below named inventor, I hereby declare that:
My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: SYSTEMS AND METHODS FOR DYNAMIC NATIONAL LANGUAGE SERVICE

State: appli	I hereby the Correction of the	o transact all busine Jam Kirl Edw Mar Joel S. An PONDENCE IN C 19928, ALEXAN by declare that I have are true and that al the knowledge that Title 18 of the Unit thereon. Full Name on the Inventor Signature:	ess in the Patent Office: the A. Oliff, Reg. No. 27,075; William M. Hudson, Reg. No. 27,562; The A. Costantino, Reg. No. 31,450; The A. Costantino, Reg. No. 33,565; The A. Costantino, Reg. No. 36,430; Chris Richard E. Rice, I CONNECTION WITH THIS AFT DRIA, VIRGINIA 22320, TELE we reviewed and understand the coll statements made on information the willful false statements and the lies.	PLICATION SHOULD BE SENT	and TO OLIFF & BERRIDGE statements made herein of my further that these statement imprisonment, or both, unde
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^{*}If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

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of Second Joint Inventor (if any)			mbabu		ACHANTA
			n Name	Middle Initial	Family Name
**Inventor's Signature:		- Randel			
**Date of Sig	nature:	07/16/		D	Year
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1 Typewritten Full Name of Fourth Joint Inventor (if any)		Kir	ranmayee		POTNURU
, _ 0 00 2	(99)		en Name	Middle Initial	Family Name
**Inventor's Signature:		Linan	massel.		<u></u>
**Date of Si	gnature:	07/16/2	2001 7		
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1 Typewritten Full Name of Fifth Joint Inventor (if any)]	Patricia		AGBULOS
y = -y =	(9 9)	Giv	ven Name	Middle Initial	Family Name
**Inventor's	Signature:		De Aghalos		
**Date of S	ignature:		7/16/2001		
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Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.